MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4511

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY: Worcester | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dividing Creek Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland | COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
STREET ADDRESS (If rural give location): Dividing Creek Rd.

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) (NMI) (Last) BRITTINGHAM

4. DATE OF DEATH: (Month) April (Day) 21, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: Nov 28, 1867

9. AGE last birthday: 85 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Richie

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No | (If Yes, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Clarence J. Taylor, Pocomoke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Coronary Occlusion	1 Day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteriosclerosis	Years
	(c) DUE TO Hypertension	Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to April 21, 1953, that I last saw the deceased alive on Apr. 21, 1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE: Charles W. Trader (Degree or title) A.B. M.D. ADDRESS: Pocomoke City Md DATE SIGNED: Apr. 22, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4/23/53 | NAME OF CEMETERY OR CREMATORY: Goodwill Methodist | LOCATION (City, town, or county) (State): RFD, Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR: April 22, 1953 | REGISTRAR'S SIGNATURE: Anne E. White | 24. FUNERAL DIRECTOR ADDRESS: Henry H. Watson, Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 23 1953
BUREAU V. 31

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04512

CERTIFICATE OF DEATH

Reg. Dist. No. 3-5-5

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Berlin
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Route # 3

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Gertrude (Last) Crippen

4. DATE OF DEATH: (Month) 4 (Day) 2 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-30-1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months 2 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Brittingham

14. MOTHER'S MAIDEN NAME: Maggie Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. Isaac Crippen, Berlin, Md. Route # 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

260X

Immediate cause (a) Diabetic Coma

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Diabetes Mellitus & Myocarditis — 8 mo

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1-, 1953, to 4-2-, 1953, that I last saw the deceased alive on 4-1-, 1953, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Chas R. Carr ADDRESS Berlin Md DATE SIGNED April 3-1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 4-6-53

NAME OF CEMETERY OR CREMATORY Evergreen Cemetery

LOCATION (City, town, or county) (State) Berlin, Worcester Co. Md

DATE REC'D BY LOCAL REG. 4-4-53

REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR ADDRESS STEWART FUNERAL HOME 324 E. Church St

Mary A. Stewart, Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16 8-51

RECEIVED
APR 7 1953
BUREAU V. S.

Item 18 Film G154 6-1-53 sm

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04513

CERTIFICATE OF DEATH

Reg. Dist. No. 350

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Pocomoke, Md.
STREET ADDRESS (If rural give location) Rt. 2 Box 42 Pocomoke, Md.

3. NAME OF DECEASED (Type or Print): (First) RAYfield (Middle) (Last) EVANS

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1953

5. SEX: male

6. COLOR OR RACE: col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 10, 1952

9. AGE last birthday: 0 yrs. If under 1 year: Months 9 Days 13 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Evans

14. MOTHER'S MAIDEN NAME: Basil Lee Schoolfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: John Evans Rt. 2 Box 42 Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Bronchial Asthma & bronchial Pneumonia — Interval Between Onset and Death: 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 1953, to 4/22/53 19....., that I last saw the deceased alive on 4/21, 1953, and that death occurred at 5:45A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Annie M. Bradford M.D. Pocomoke, Md. 4/23/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4-25-53

NAME OF CEMETERY OR CREMATORY: St. James

LOCATION (City, town, or county) (State): Pocomoke Md.

DATE REC'D BY LOCAL REG.: April 25, 1953

REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR ADDRESS: Edgar Wharton - New Church, Va.

1072-31V375

VS. A-15

RECEIVED
APR 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

114514

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; HOSPITAL OR INSTITUTION OR STREET ADDRESS Home; MARYLAND; LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke, md.; STREET ADDRESS (If rural give location) 503 Laurel St.

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) (Last) JENKINS

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 8, 1848

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emerson Waters

14. MOTHER'S MAIDEN NAME: Rosia Manuel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 227-24-1049

17. INFORMANT: John Jenkins, 503 Laurel St. - Pocomoke, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH. 260 X

Immediate cause (a) Uremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Nephrosis

(c) Deabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1952, to 4/25, 1953, that I last saw the deceased alive on 4/24, 1953, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Annie M. Bradford, M.D. ADDRESS 508-5th ave Pocomoke md DATE SIGNED 4/26/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 4-29-53; NAME OF CEMETERY OR CREMATORY Worcestown; LOCATION (City, town, or county) (State) Pocomoke md.

DATE REC'D BY LOCAL REG. April 29 1953; REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR ADDRESS Edgar Wharton - New Church, Va.

RECEIVED
MAY 1 1953
BUREAU V. S.

04515

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) All her life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin, Maryland
STREET ADDRESS (If rural, give location) Rt #2 Box 28

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Annie	C	Purnell	4	24	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W.	Widowed	2-18-1878	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Whaleyville, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Richard Smith	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No — No —	None	Mrs. Carris Stuegis - Eden, Md Rt #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
592X Immediate cause	(a) Acute Nephritis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic Nephritis	1 week
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 4-20-, 1953, to 4-24-, 1953, that I last saw the deceased alive on 4-24-, 1953, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Chas R. Law		Berlin	April 27-1953

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-27-53	Church Cemetery	Whaleyville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-28-53	Helen F. Hayward	STEWART FUNERAL HOME	324 E. Church St

4-27-53 Mary A. Stewart, Salisbury, Maryland

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 955

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #2 - At home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Purnell

4. DATE OF DEATH: (Month) 4 (Day) 18 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: A A
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 2-22-1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months 1 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Cook
11. BIRTHPLACE (State or foreign country): Berlin Worcester Co, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Henry Fooks
14. MOTHER'S MAIDEN NAME: Hester Bowens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: Don't no.
17. INFORMANT & ADDRESS: Mr. George Purnell, Berlin, Md. Rt. #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
422.1
Immediate cause (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 2 week
DUE TO
Antecedent cause(s) (b) Arterio Sclerotic Cardiovascular disease — Several years
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pt developed Lobar Pneumonia One week before on [illegible] myocardial failure.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1953, to April 18, 1953, that I last saw the deceased alive on April 18, 1953, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Hammond, Jr. M.D. Ocean City, Md April 20, 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4-22-53
NAME OF CEMETERY OR CREMATORY Fooks Cemetery (Family)
LOCATION (City, town, or county) (State) Berlin, Worcester Co. Rt. #2 Md.

DATE REC'D BY LOCAL REG. 4-22-53
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Mary A. Stewart ADDRESS 324 E. Church St., Salisbury, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

RECEIVED
APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 1

1. PLACE OF DEATH:
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD 3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
STREET ADDRESS (If rural give location): RFD 3

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) M. (Last) SMITH

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan 25, 1863

9. AGE Last birthday: 90 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Redden

14. MOTHER'S MAIDEN NAME: Ellen Veasey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Frank T. Taylor, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracranial Injuries result of — Interval Between Onset And Death: 9 Days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) from fall on floor. Arteriosclerotic Heart Disease — years
DUE TO (c) Senescence.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home
(CITY OR TOWN): Pocomoke
(COUNTY): Worcester
(STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): March 12, 1953 m.
INJURY OCCURED While at Work ☐ Not While At Work ☑
HOW DID INJURY OCCUR? Patient tripped on rug.

22. I hereby certify that I attended the deceased from Jan. ., 19 50, to April 1, 19 53, that I last saw the deceased alive on Apr. 1, 19 53, and that death occurred at 9:00 pm from the causes and on the date stated above.
SIGNATURE (Degree or title): Charles W. Trader, M.D.
ADDRESS: Pocomoke City, Md.
DATE SIGNED: APR 2 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/5/53
NAME OF CEMETERY OR CREMATORY: Goodwill Meth Cemetery
LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR: April 3, 1953
REGISTRAR'S SIGNATURE: Anne E White

24. FUNERAL DIRECTOR: Henry H. Watson, Pocomoke, Md.
ADDRESS

RECEIVED
APR
BU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04518

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) 1 yr 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Market St. Ext. Berlin Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) Market St. Ext Berlin Road.

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) Bell (Last) Westcott

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: April 19-1881
9. AGE last birthday: 72 a 10 m. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Middleport, N. Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Elizabeth Brooman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Erma D. Giles, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	1½ hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive Cardiovascular Disease	10 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 20, 1953, to April 29, 1953, that I last saw the deceased alive on April 29, 1953, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE: Robert L. La Mar (DEGREE OR TITLE) M.D. ADDRESS Snow Hill DATE SIGNED 4-30-53

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF April 30/53
NAME OF CEMETERY OR CREMATORY Erma Railroad
LOCATION (City, town, or county) (State) Niagara Falls N. Y.
DATE REC'D BY LOCAL REG. 4/30/53
REGISTRAR'S SIGNATURE Leroy Smith
24. FUNERAL DIRECTOR Alay E. Connor, Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AID 8-51

RECEIVED
MAY 7 1953
BUREAU V. S.

04519

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 855

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Daisy (Middle) Virginia (Last) Williams
4. DATE OF DEATH (Month) April (Day) 19 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 15, 1907
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Berlin Md R.F.D.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Sewell Dennis
14. MOTHER'S MAIDEN NAME Sue Holland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr Arthur Williams Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

199.1 Immediate cause (a) Anemia + Cachexia rec'd Mixed Cell — 2 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Tumor of Rounded neck c̄ Metastases — 1½ yrs

(c) in Brain + Lung

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan 1953
19b. MAJOR FINDINGS OF OPERATION Mixed Cell Tumor Malgm or Lym
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to April 19, 1953, that I last saw the deceased alive on April 19, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Hermann Rahlman M.D. (Degree or title) ADDRESS Berlin, Md DATE SIGNED 21 April 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/21/53
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 4-25-53
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
APR 28 1953
BUREAU V. S.